

FOR INSTRUCTIONS, SEE BACK OF FORM  
**DISCLOSURE SUMMARY PAGE**

File with:  
Iowa Ethics and Campaign  
Disclosure Board  
510 E. 12<sup>th</sup>, Ste. 1A  
Des Moines, Iowa 50319  
Fax: 515-281-4073

Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed electronically.  
Effective May 1, 2010, all statements and reports for State PACs and State Parties must be filed electronically.

IA ETHICS AND  
CAMPAIGN DISCLOSURE BOARD  
2010 JAN 12 PM 12:52

**COMMITTEE NAME** (Must be same as on Statement of Organization)

Employers Mutual Casualty Co. Political Action Comm for Responsible State Govt

IMPORTANT: Indicate by # type of committee you are reporting for: 2

( 1 )Statewide/Legislative/Judge Standing for Retention Candidate ( 2 )State PAC ( 3 )State Party  
( 4 )County Central Committee ( 5 )County Candidate ( 6 )City Candidate ( 7 )School Board or Other Political  
Subdivision Candidate ( 8 )County PAC ( 9 )City PAC ( 10 )School Board or Other Political Subdivision PAC ( 11 ) Local Ballot Issue

**CANDIDATE COMMITTEES ONLY:**

Candidate Name \_\_\_\_\_ Political Party (if applicable) \_\_\_\_\_

Office Sought \_\_\_\_\_ District (if Senate or House) \_\_\_\_\_

<b>FORM</b> <b>DR-2</b> (Rev. 12/2009)	<b>DISCLOSURE</b> <b>REPORT</b>
<b>For Office Use Only</b>	
Comm. #	<u>6033</u>
Logged In	<u>mw</u>
Scanned	_____
Computer	_____
Audited	_____

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a candidate's committee, and the chairperson, for any other type of committee, is the individual responsible for filing timely and accurate reports.

Brian S. Kelly  
SIGNATURE OF PERSON FILING REPORT

515-345-2950  
TELEPHONE

1-8-2010  
DATE SIGNED

I AM FILING A January 19, 2010 REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.  
(report date) Indicate by # 2

☐ CHECK IF AMENDMENT TO REPORT DATED \_\_\_\_\_

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.  
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election \_\_\_\_\_

County & Local Committees, enter County in which Election is held \_\_\_\_\_

**STATEMENT OF CASH ON HAND**

**CASH ON HAND** at the beginning of the reporting period. (Total of all funds held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.) \_\_\_\_\_ \$ 11,527.33

**ADD TOTAL MONEY TAKEN IN THIS PERIOD**

Schedule A: Cash Contributions total (Attach Schedule A) (\*also see in-kind below) \_\_\_\_\_ \$ 2,099.12

Schedule F: Loans Received total (Attach Schedule F) \_\_\_\_\_

Schedule H: Total Sales of Campaign Property (Attach Schedule H) \_\_\_\_\_

(Schedule H applies to Candidates' Committees Only)

**SUB-TOTAL** \_\_\_\_\_ \$ 13,626.45

**SUBTRACT TOTAL MONEY SPENT THIS PERIOD**

Schedule B: Expenditures total (Attach Schedule B) (\*\*also see debts and loans below) \_\_\_\_\_ \$ 2,203.01

Schedule F: Loan Repayments total (Attach Schedule F) \_\_\_\_\_

**CASH ON HAND** at the end of this reporting period (if final report balance must be zero) \_\_\_\_\_ \$ 11,423.44

**\*\*UNPAID BILLS** (From Schedule D - Attach Schedule D) \_\_\_\_\_ \$ \_\_\_\_\_

**\*IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E) \_\_\_\_\_ \$ \_\_\_\_\_

**\*\*OUTSTANDING LOANS** (From Schedule F - Attach Schedule F) \_\_\_\_\_ \$ \_\_\_\_\_

**CONSULTANT BREAKDOWN** (Schedule G Attached?) \_\_\_\_\_ YES \_\_\_\_\_ NO

**CANDIDATE COMMITTEES ONLY:**

**VALUE OF CAMPAIGN PROPERTY** (From Schedule H - Attach Schedule H) \_\_\_\_\_ \$ \_\_\_\_\_

**STATE COMMITTEES:** Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

Reset Form

# CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE <b>A</b> (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**COMMITTEE NAME** (Must be same as on Statement of Organization)

Employers Mutual Casualty Co. Political Action Comm for Responsible State Govt

**STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

**NOTE:** ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

**CAUTION:** Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	IF FOR FUND- RAISER INCOME
Various	ID# CK#	Norman Anderson 814 E. Franklin Indianola, IA 50125		\$120.00	<input type="checkbox"/>
Various	ID# CK#	Monte Ball 304 41st Street West Des Moines, IA 50265		65.00	<input type="checkbox"/>
Various	ID# CK#	Jeff Birdsley 3612 80th Street Urbandale, IA 50322		43.68	<input type="checkbox"/>
Various	ID# CK#	Heather Boustead 7618 Madison Ave. Urbandale, IA 50322		52.00	<input type="checkbox"/>
Various	ID# CK#	Scott Butler 100 30th Street Des Moines, IA 50312		48.75	<input type="checkbox"/>
Various	ID# CK#	Alison Cate 6709 Compton Ct. Johnston, IA 50131		13.00	<input type="checkbox"/>
Various	ID# CK#	Dennis Christy 1801 N.W. 81st Street Clive, IA 50325		45.50	<input type="checkbox"/>
Various	ID# CK#	Deana Clark 202 S. Main Monroe, IA 50325		42.25	<input type="checkbox"/>
Various	ID# CK#	James Clough 2842 Druid Hill Drive Des Moines, IA 50315		42.25	<input type="checkbox"/>
Various	ID# CK#	Ken Cumpston 1906 N.W. 152nd Street Clive, IA 50325		42.25	<input type="checkbox"/>
SUB-TOTAL				\$ 514.68	
TOTAL (if last page of this schedule)				\$	

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 04  
(for Schedule A)

For Instructions, See Back of Form



# CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE <b>A</b> (Rev. 07/03)	MONETARY RECEIPTS
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Various	ID# CK#	Ray Davis 12926 Timberline Urbandale, IA 50323		\$42.51	<input type="checkbox"/>
Various	ID# CK#	Jim Dawson 9017 Ridgeview Drive Johnston, IA 50131		52.00	<input type="checkbox"/>
Various	ID# CK#	Ken Fitzgerald 2303 W. Girard Avenue Indianola, IA 50125		34.06	<input type="checkbox"/>
Various	ID# CK#	Jim Fontanini 929 43rd Street West Des Moines, IA 50265		97.50	<input type="checkbox"/>
Various	ID# CK#	Nancy Green 823 16th Street West Des Moines, IA 50265		45.50	<input type="checkbox"/>
Various	ID# CK#	Ronnie Hallenbeck 5880 Brentwood Circle Johnston, IA 50131		162.50	<input type="checkbox"/>
Various	ID# CK#	Ron Herman 1209 Bentwood Ct. Altoona, IA 50009		32.50	<input type="checkbox"/>
Various	ID# CK#	Charles Herrold 4716 67th Street Urbandale, IA 50322		65.00	<input type="checkbox"/>
Various	ID# CK#	Dave Hixenbaugh 4903 Lakewood Drive Norwalk, IA 50211		52.00	<input type="checkbox"/>
Various	ID# CK#	Richard Hoffmann 717 S. 25th Circle West Des Moines, IA 50265		45.50	<input type="checkbox"/>

SUB-TOTAL

\$ 629.07

**TOTAL (if last page of this schedule)**

\$

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Page 2 of 4  
(for Schedule A)

For Instructions, See Back of Form

**CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

Reset Form

<b>SCHEDULE</b> <b>A</b> (Rev. 07/03)	<b>MONETARY</b> <b>RECEIPTS</b>
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**COMMITTEE NAME** (Must be same as on Statement of Organization)

Employers Mutual Casualty Co. Political Action Comm for Responsible State Govt

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Various	ID# CK#	Kevin Hovick 13560 Lake Shore Drive Clive, IA 50325		\$97.50	<input type="checkbox"/>
Various	ID# CK#	Curt Husske P.O. Box 248 Maxwell, IA 50161		62.53	<input type="checkbox"/>
Various	ID# CK#	Ron Jean 2214 Ridgewood Drive Altoona, IA 50009		97.50	<input type="checkbox"/>
Various	ID# CK#	Jerry McClelland 9609 Tanglewood Drive Urbandale, IA 50322		55.25	<input type="checkbox"/>
Various	ID# CK#	Denise Mernka 4328 New York Ave. Des Moines, IA 50310		13.00	<input type="checkbox"/>
Various	ID# CK#	Robert Morlan 3404 Wakonda Ct. Des Moines, IA 50321		130.00	<input type="checkbox"/>
Various	ID# CK#	William Murray 1770 Birchwood Circle Waukee, IA 50263		42.25	<input type="checkbox"/>
Various	ID# CK#	Bob Neswold 7106 El Rancho Ave Windsor Heights, IA 50322		39.91	<input type="checkbox"/>
Various	ID# CK#	Ron Paine 10577 Elmcrest Drive West Des Moines, IA 50265		71.50	<input type="checkbox"/>
Various	ID# CK#	Sean Pelletier 13927 Bryn Mawr Drive Urbandale, IA 50323		42.25	<input type="checkbox"/>
SUB-TOTAL				\$ 651.69	
TOTAL (if last page of this schedule)				\$	

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Page 3 of 4  
(for Schedule A)

For Instructions, See Back of Form



<b>SCHEDULE</b> <b>A</b> (Rev. 07/03)	<b>MONETARY</b> <b>RECEIPTS</b>
	<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM

**CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

**COMMITTEE NAME** (Must be same as on Statement of Organization)

Employers Mutual Casualty Co. Political Action Comm for Responsible State Govt

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	IF FOR FUND- RAISER INCOME
Various	ID# CK#	Mark Reese 4765 N.W. Lovington Drive Des Moines, IA 50310		\$52.00	<input type="checkbox"/>
Various	ID# CK#	Sheila Reese 4765 N.W. Lovington Drive Des Moines, IA 50310		13.00	<input type="checkbox"/>
Various	ID# CK#	Richard Schulz 1620 Greenbranch Circle West Des Moines, IA 50265		65.00	<input type="checkbox"/>
Various	ID# CK#	John Schumacher 4718 93rd Urbandale, IA 50322		43.68	<input type="checkbox"/>
Various	ID# CK#	Robert Seiler 4030 124th Street Urbandale, IA 50322		42.25	<input type="checkbox"/>
Various	ID# CK#	Beech Turner 1654 Thornwood Drive West Des Moines, IA 50321		42.25	<input type="checkbox"/>
Various	ID# CK#	Ron Zoss 8017 Plum Drive Urbandale, IA 50322		45.50	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$ 303.68

**TOTAL (if last page of this schedule)**

\$ 2099.12

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Page 4 of 4  
(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM



## EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

**STATE PAC COMMITTEES: NOTE:** FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

<b>SCHEDULE</b> <b>B</b> (Rev. 07/03)	<b>MONETARY</b> <b>EXPENDITURES</b>
<input type="checkbox"/> <b>CHECK THIS BOX IF AMENDING FORM</b>	

**COMMITTEE NAME** (Must be same as on Statement of Organization)

Employers Mutual Casualty Co Political Action Committee for Responsible State Govt

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
7/10/2009	ID# 1645 CK# 110	Rich Olive for Senate 1264 Northridge Road Story City, IA 50248-0247	Campaign Contribution	\$ 200.00
8/6/2009	ID# 6435 CK# 111	Iowa Insurance Institute PAC 11201 Douglas Ave. Urbandale, IA 50322	Contribution	500.00
8/27/2009	ID# 9161 CK# 112	Republican Party of Iowa 621 East 9th Street Des Moines, IA 50309	Contribution	500.00
9/10/2009	ID# 1645 CK# 113	Rich Olive for Senate 1264 Northridge Road Story City, IA 50248-0247	Campaign Contribution	250.00
9/10/2009	ID# 1521 CK# 114	Zaun for Senate 7032 Holcumb Avenue Urbandale, IA 50322-4868	Campaign Contribution	125.00
10/23/2009	ID# 1626 CK# 115	Noble for Senate 8915 N.W. Polk City Drive Ankeny, IA 50023	Campaign Contribution	125.00
12/15/2009	ID# 1703 CK# 116	Friends of Helland 505 N.W. Morningside Dr. Grimes, IA 50111	Campaign Contribution	125.00
12/29/2009	ID# 5104 CK# 117	Vaudt for State Auditor 1715 South 42nd Street West Des Moines, IA 50265	Campaign Contribution	250.00
SUB-TOTAL				\$ 2075.00
TOTAL (if last page of this schedule)				\$

**THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:**

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

Page 1 of 2

(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

Revised Form

## EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE <b>B</b> (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Employers Mutual Casualty Co Political Action Committee for Responsible State Govt

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
12/29/2009	ID# 5123 CK# 118	Northey for Iowa Agriculture 2868 140th Street Spirit Lake, IA 51360	Campaign Contribution	\$ 125.00
Various	ID# N/A CK# N/A	Bankers Trust 717 7th Street Des Moines, IA 50309	Bank charges for checking account	3.01
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 128.01
TOTAL (if last page of this schedule)				\$ 2203.01

### THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

Page 2 of 2

(for Schedule B)